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## From Silence to Voice: What Nurses Know and Must Communicate to the Public

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## From Silence to Voice: What Nurses Know and Must Communicate to the Public

### Abstract

[Excerpt] These experiences made us realize that we had underestimated the significance of cultural issues in the relationship between nursing and the external public world. Whereas we once thought that nursing could become significantly more visible by using more or less generic public relations techniques, we now believe that communication considerations specific to nursing must be addressed. Our metaphors also changed over time. Initially we thought in terms of the “invisibility” and “visibility” of nursing. Now we strongly feel the operative terms are “silence” and voice.” That is why we call this book *From Silence to Voice* and why we focus, in this edition, on moving beyond a “virtue script” that idealizes nursing toward messages that accurately depict nursing and its importance in health care.

### Keywords

nursing, communication, mass media, public opinion, social aspects, nurse, health care, public

### Comments

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# from **Silence** to Voice

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**What Nurses Know  
and Must Communicate  
to the Public**

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SECOND EDITION

**Bernice Buresh  
Suzanne Gordon**

*Foreword by*

**Patricia Benner, RN, PhD, FAAN**

**ILR Press**

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## For Our Mothers

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# Foreword

In the second edition of *From Silence to Voice*, Bernice Buresh and Suzanne Gordon, two widely known feminist journalists, once again have given nurses:

1. a gift of clearly stated respect for the worth of nursing work;
2. a manifesto calling on nurses to apply their courage and develop their skills to speak out forcefully and effectively to the public and in the media; and
3. a practical step-by-step guide providing inspiring, confident approaches to increasing nurses' visibility and voice in media and policy arenas.

I came to this text with full appreciation for the power that nurses acquire when they articulate the skill and knowledge that is embedded in their practice. For many years, part of my work has been to help nurses construct clinical narratives that are self-informing both professionally and personally. Nurses can, of course, perform their work without standing back and analyzing its components. But we found that discerning and describing the knowledge, competence, and skill that goes into day-to-day nursing work allows nurses themselves to comprehend their work in a more empowering way. It increases nurses' mastery and appreciation of their own work and, by extension, nurses' ability to better care for patients. The articulation of nursing work can not only spur hospital management to value and reward nursing, it contributes to nurses valuing themselves and each other.

This book has had a wide impact in the international nursing community since it was first published in 2000. Thousands of nurses worldwide have used it as a guide to understand how public communication and the media actually work and have put its advice into practice to engage in public



outreach. *From Silence to Voice* is assigned reading in many nursing schools. Nursing organizations consult it for guidance as they work to promote nurses' work to a broader public.

Some organizations—such as the Swiss Nurses Association—have mounted visibility campaigns that they explicitly attribute to the book's influence. Nursing organizations throughout the world have invited the authors to discuss how to move from silence to voice in their particular country and culture. The book's audience continues to grow. To date it has been translated into Japanese, Portuguese, and German.

This new edition reflects the authors' extensive interactions with real nurses who are dealing with today's challenges. It draws on the give-and-take that is a feature of their presentations and workshops and, as a result, offers concrete, reality-based advice on how nurses can tell their stories and avoid sentimental clichés that trivialize their important caregiving skills and oversimplify their complex practice. Since expertise is based on practice, the authors have added exercises that nurses can use to build their public communication skills and confidence in using them.

Today, the need for nurses to talk about their work is ever more urgent. Cost-cutters in many countries are threatening the integrity of nursing practice, nursing education, and even nursing research. If patients are to get the care they need, nurses must tell their stories in credible, effective ways.

Buresh and Gordon are powerful voices for nursing and teach us how nursing can be heard in the mass media. *From Silence to Voice* is a practical guide. From it nurses can learn how to get their stories, insights, research, and expert opinions into the media. The authors give away many insider secrets on how the media—print, the Internet, radio and television—work, how they are interrelated, and, most important, how to influence them.

Reading this book gave me an expanded vision and renewed enthusiasm for improving health care by making nursing practice visible to the public and the media. The authors convincingly explain why nurses must take the risk to be heard and to be visible. They show why it is essential for nurses to bridge the communication gap between the profession and the greater public. Nothing less than living in a safer and healthier society is at stake.

Without the authors' passionate vision for the worth of nursing work, this particular book could not have been written. They take nursing and nursing work seriously. They do not trivialize nursing by dressing it up in others' power suits. They oppose the sham of false advertising, selling nursing as the latest hot commodity in a fickle marketplace. Rather, they direct the reader to the real societal worth of nurses' knowledgeable care of the vulnerable, the sick, and the injured. They point to both the wisdom of the heart and mind in nursing practice. They are sure, as they put it, that: "Nurses can articulate their thoughts, find the right words to de-

scribe their work, do so in a confident way that doesn't sound boastful or self-aggrandizing, believe in their own knowledge and ability to acquire more, answer tough questions, and tolerate making the occasional mistake. In doing so, nurses will reveal what it really means to be 'just a nurse.'"

I commend this book to every nurse. It is a must-read for nurse educators, nurse executives, and all practicing nurses. It should be a required text for all levels of nursing students.

PATRICIA BENNER, RN, PHD, FAAN

*Professor and Chair, Department of Social and Behavioral Sciences,  
University of California, San Francisco, School of Nursing*

## Acknowledgments to the Second Edition

It was not until Suzanne Gordon and I were engaged in writing this book that I understood how central the theme, *From Silence to Voice*, has been to my life and work. To be sure, the struggle for voice is not limited to women. Anyone involved in the three areas that have occupied my professional life—journalism, education, and writing—grapples with external and internal restraints on free expression. Still, we must not overlook those cultural constraints that have stilled the authentic voices, and writing hands, of so many women.

Women artists and writers began to explore these constraints in earnest in the 1970s. I joined my first women's writers' group then and have since belonged to others. While these groups often focused on practical matters (how to approach an editor or agent with a particular project, for example), they were primarily vehicles for women to make the transition from silence to voice in their own art. I wish, now, to thank members of those groups who contributed so much to my understanding of these issues. I am particularly grateful to Janet H. Murray, Diana Korzenik, and Katherine Butler Jones for their interest in and thoughtful suggestions for this book.

The genesis of this book occurred in a setting dedicated to fostering democratic discourse and political participation—the Joan Shorenstein Center on the Press, Politics, and Public Policy at Harvard University's John F. Kennedy School of Government. I was a fellow there in 1989 and was exploring a question that I had found intriguing while covering political movements and in my previous teaching at Boston University. It was: Why are women so underrepresented as “newsmakers” and as expert sources in the media?

The canonical answer was that women would appear in the news when more of them achieved “newsworthy” positions. But that answer raised more questions. Why were certain positions worthy of coverage and others

not? What of the professions where women already were in the majority, such as health care (as nurses as opposed to doctors), education (as teachers as opposed to professors) and social and caregiving work (as care providers as opposed to policy makers)? Why weren't the activities of these women also worthy of journalistic attention? These sorts of questions led to my professional association with Suzanne Gordon and to our exploration of who in our society gets to be seen and heard. I am grateful to Marvin Kalb of the Shorenstein Center for providing a launching site for this inquiry and to Nancy Palmer for her many kindnesses. I would especially like to thank Lawrence K. Grossman for extending his expertise and encouragement for all of these years.

A considerable amount of the writing, editing, and thinking that I have done in connection with this book took place in the Writers' Room of Boston, a place that provides the silence that writers need to hear their own voices. My heartfelt thanks go to all of the writers who have contributed to the special nature of the Writers' Room. In particular, I would like to thank Ivan Gold, Nancy Kassell, Nan Fornal, and Donald E. Cecich, with whom I have had the pleasure of working closely, for all they have done to make the Writers' Room possible. There are two other people I want to mention for contributing to "voice" in other ways: Barry Kesselman and Helen Soussou.

The first nurse I ever knew was my aunt Theresa H. Reineck whose work was a source of family pride. Now there are other nurses in the family, my niece, Cathy Buresh, and my cousin Beth Halusan. My mother, Erna H. Byrne, has followed the progress of this book every inch of the way. I am grateful to her and to my brother Theodore F. Buresh and my sister Gail Schank for their support. My greatest thanks go to Irwin Oppenheim, my husband, and to Josh Buresh-Oppenheim, my son, for being never-ending sources of love, strength, and sanctuary.

Finally, it may seem peculiar to acknowledge the coauthor of a coauthored book, but Suzanne Gordon has been a valued friend and colleague, and, by thinking up the title, *From Silence to Voice*, has crystallized for me, for other women, and for caregivers, the passage we must continue to make.

BERNICE BURESH

Cambridge, Massachusetts

**For more than** a decade and a half, Bernice Buresh and I have been holding a vibrant conversation that has informed this book. Our ability to not only agree, but to disagree—even fight over words, phrases, and concepts—has helped me to clarify my ideas about nurses' and women's issues. I am deeply grateful to nursing for bringing me together with this true colleague and dear friend.

I also want to thank my oldest friend, Isabel Marcus, for the intellectual companionship that has been so important to this and to other work.

Claire Fagin and Joan Lynaugh have been two of my tireless guides into the world of nursing. I also want to thank Patricia Benner for her extraordinary ability to describe what nurses know and do. There have been countless exchanges with Victoria Palmer Erbs, Charlene Harrington, Connie Barden, Trish Gibbons, Peggy O'Malley, Ellen Baer, Tom Keighley, and Tom Smith for which I am grateful. Kathleen Dracup not only taught me about nursing, she allowed me to be her "nurse" when she needed care. That experience enriched my understanding of how difficult it is to think like a nurse. And I want to thank Joyce Clifford for access to the Beth Israel Hospital, Nancy Rumplik, Jeannie Chaisson, and Ellen Kitchen for allowing me to observe their nursing practice.

I'd like to thank Laurie Gottlieb for the opportunity to teach nurses at the McGill School of Nursing, and Genevieve E. Chandler for numerous opportunities to share her ideas and meet with her students at the University of Massachusetts School of Nursing at Amherst.

I am deeply grateful to Sioban Nelson for helping me to understand the history of nursing silence.

SUZANNE GORDON

*Arlington, Massachusetts*

**We wish to** thank the Canadian Nurses Association for publishing the original version of this book. We are enormously grateful to Frances Benson, our editor, and to Cornell University Press for extending the reach of the first edition and for making it possible for us to bring the knowledge and experience we've gained from working with nurses internationally to this new edition. It has been a pleasure to work with Ange Romeo-Hall, Andrea Fleck Clardy, Nancy Ferguson, and other members of this highly skilled staff.

We wish to thank the following people for responding so generously to our many requests in the midst of their demanding schedules: Chuck Idelson at the California Nurses Association, David Schildmeier at the Massachusetts Nurses Association, Joan Meehan Hurwitz at the American Nurses Association, Art Moses at the British Columbia Nurses Union, Jamie Cohen

at the Service Employees International Union, Andrew Williamson at Southern Health in Melbourne, Doris Grinspun and Sine MacKinnon at the Registered Nurses Association of Ontario, Karen McCarthy at the Canadian Nurses Association, Ramón Lavandero and Dana Woods at the American Association of Critical-Care Nurses, Robert Rosseter at the American Association of Colleges and Nursing, Joy McIntyre and Ross Koppel at the University of Pennsylvania School of Nursing, Maureen McInaney at the University of California San Francisco Medical Center, and Diana Mason at the *American Journal of Nursing*.

We are extremely grateful to our colleague and friend Masako Hayano for her superb Japanese translations of our work and for her guidance into Japanese culture. We wish to express our appreciation to the Japanese Nurses Association, Ariadne Editora, Lda., and Verlag Hans Huber for publishing translations in Japanese, Portuguese, and German.

Our thanks go to Shinya Sato, Yumiko Katsuhara, Inger Holter, Ro Licata, Susie Kim, Peggy Wong, Natalie Ashcroft, Sue Ramsey, Di Twigg, Sanchia Aranda, Meiner Krishnaswamehy, Lisa FitzPatrick, Kim Sykes, Sandra Dunn, Jennie Beutel, Pierre-André Wagner, Elsbeth Wandler, Ana Albuquerque Queirós, Shigeko Takayama, Andreas Büscher, Angelika Zegelin, and Franz Wagner for helping to give this new edition an international scope as nurses mount a global challenge to the myth that caregivers must be silent and invisible.

B.B. AND S.G.

May 2005

from  
**Silence**  
to **Voice**

# Introduction

**Our inquiry into** nursing and public communication began in 1989 when we served as news media consultants to the Nurses of America (NOA) project, a national public relations campaign to rectify *that* nursing shortage by attracting high-quality candidates into the field. As journalists and writers all of our professional lives, we have written about social and political actions in the United States including the civil rights, women's, antiwar, gay rights, labor, and community organizing movements. We have also covered mainstream elective politics. We have seen how marginalized groups managed to bring their agendas to the forefront of public attention and win important legal and social victories. So when NOA asked us to help, we were delighted to accept.

The Nurses of America project was funded by almost a million dollars from the Pew Charitable Trusts and administered by a council of representatives from major nursing organizations. It sponsored activities designed to analyze public attitudes toward nurses and to project a positive image of contemporary nursing. The project undertook studies, monitored the media, distributed press materials, and "media-trained" nurses so that they would be more skilled in talking to reporters, appearing on television, and developing "media events" to stimulate coverage of nursing.

We were particularly interested in press coverage of nursing. We wanted to know whether and to what degree journalists used nurses and nursing organizations as sources of information on health and health care. We devised a study to examine the representation of nurses in the health coverage of three major newspapers. This is an important line of inquiry because a profession's public status and credibility are enhanced by having its expertise acknowledged in the journalistic media.

We were quite sure that nursing—the largest health care profession by far—would be shown to be vastly underrepresented in news coverage. But we



didn't expect nursing to be virtually missing from health reportage. This is what the study, "Who Counts in News Coverage of Health Care?" documented.<sup>1</sup>

We found that practically everyone had more of a public voice on health and health care than nurses. When we analyzed the sources of 908 direct quotations by "occupation," we found that physicians were by far the most frequently quoted occupational group. They accounted for nearly one-third of the quotations. But nurses were not a close second, third, or even fourth. After physicians, eleven other groups were quoted more frequently than nurses. These included sources from government, business, nonprofit organizations, education, public relations, and medical organizations, as well as patients, family members, and an assortment of professional and non-professional health care workers. Nurses were at the bottom of the list, accounting for only ten, or 1.1 percent, of the quotations. No matter how we analyzed public visibility, nurses were either in or tied for last place.

This was an astounding discovery and one with far-reaching implications. If there was little trace of nursing in the serious coverage of health and health care, then how could anyone, including those in a position to supply nursing with needed resources, understand and recognize its value? When medicine is consistently depicted as the center of the health care universe, physicians get credit for every contribution to health care, even in those instances when it should go to nursing or another profession.

Concerned about what might be a systematic journalistic bias against nursing, we were determined to acquaint our fellow journalists, particularly those who specialize in health and medical reporting, with this serious omission in their reporting. Armed with the study, we and small groups of nurses met with journalists to discuss the fact that they seemed to be ignoring nurses as sources of health care information and nursing issues as news. We made sure our study was widely circulated. It was distributed to journalists at conferences and its findings appeared in the journalism trade press.

Many journalists acknowledged they knew nothing about nursing. To help them get a better grasp of the field, we prepared a media packet that contained information on nursing and on newsworthy nursing projects, and biographies of nurses. These materials linked nursing with contemporary health care issues, suggested potential stories, and gave reporters the names of expert nurses to talk to.

Later on, with the support of major nursing organizations, we created a nursing source directory for journalists so that they would have the names of nurses (instead of only physicians) whom they could call for information on health care.<sup>2</sup> This project was suggested and partially funded by the Ms. Foundation for Communication and Education, Inc.

In general, reporters and editors welcomed this material. Some readily

acknowledged that they had not paid much attention to nursing. Many said they were interested in doing stories that included nurses. When groups of nurses provided them with materials on current health care issues, many in fact did stories that included nurses as primary spokespersons. In most cases, when nurses sought meetings with editorial boards to discuss health coverage, they received positive responses and discussed how coverage could be improved.

At this point, approaches to increasing the visibility of nursing seemed straightforward enough. The news media constituted the major conduit. Nurses had to work on educating journalists about nursing so that they would be more receptive to covering the profession. Nurses and nursing organizations had to be much more active in presenting journalists with newsworthy material. All this could be accomplished if more nurses developed public communication skills. Indeed we would write a public communication book for nurses that would help them develop these skills.

We anticipated that the Nurses of America project would provide the foundation for a cooperative communication program by nursing organizations, and there was some discussion of such a plan. We also expected nurses who had been media trained to take an active role in media outreach. We ourselves wrote articles about nursing and thought that more journalists would routinely cover nursing.

But these expectations did not come to fruition at the time. Rather, nursing was thrust onto the public stage in connection with the health care upheaval of the mid-1990s. Many nurses became alarmed when hospital restructuring experiments endangered their patients, and some courageous nurses did speak up. Still journalists covering this story had a difficult time finding nurses who would talk with them about these events or even about routine nursing practice so that they could understand the changes that were going on.

Journalists still complain that they are frustrated in their attempts to find nurses who will do even the basics of communication—return phone calls or answer simple questions about their work. These complaints are echoed by public relations specialists in nursing organizations, nursing schools, and hospitals and medical centers. They tell us they might interest a journalist in an idea for a story only to discover that they can't find nurses willing to talk to reporters, even about noncontroversial subjects.

These experiences made us realize that we had underestimated the significance of cultural issues in the relationship between nursing and the external public world. Whereas we once thought that nursing could become significantly more visible by using more or less generic public relations techniques, we now believe that communication considerations specific to nursing must be addressed. Our metaphors also changed over time. Initially we

thought in terms of the “invisibility” and “visibility” of nursing. Now we strongly feel the operative terms are “silence” and “voice.” That is why we call this book *From Silence to Voice* and why we focus, in this edition, on moving beyond a “virtue script” that idealizes nursing toward messages that accurately depict nursing and its importance in health care.

Therefore, throughout this book we focus on communication challenges that exist on three levels:

1. Not enough nurses are willing to talk about their work.
2. When nurses and nursing organizations do talk about their work, too often they unintentionally project an inaccurate picture of nursing by using a “virtue” instead of a “knowledge” script.<sup>3</sup>
3. When nursing groups give voice to nursing, they sometimes bypass, downplay, or even devalue the basic nursing work that occurs in direct care of the sick while elevating an image of “elite” nurses in advanced practice, administration, and academia. This contributes to social stereotypes that deride anyone who is “just a nurse.”

How serious are these problems? If there aren’t enough nurses willing to talk about their work, the results will be catastrophic for nursing. Nursing, like every other profession in today’s world, must justify its existence and compete for resources. If nursing is misunderstood by the public and those with influence, it will continue to be disproportionately vulnerable to the budget ax, and new resources for nursing education and practice will not be forthcoming at sufficient levels.

If nursing’s script continues to emphasize the virtues of the nurse as a person to the detriment of the knowledgeable work that nurses do, then nurses themselves offer a rationale for limiting resources for nursing. Focusing on who the nurse is rather than on what the nurse does could be an invitation to seek not the best and the brightest recruits, but the most virtuous, meekest, and self-sacrificing who will try to do more and more with less and less.

Finally, nursing’s major strength is in its numbers and the influence it can bring to bear through those numbers. Communication efforts that seek gain for certain groups of nurses at the expense of other nurses potentially damage the profession itself. Such efforts highlight nursing’s failure to work out standardized educational requirements for practice entry, recertification, and advanced degrees, and risk undermining the provision of resources for bedside nursing. Most important, they fail to harness the latent power of nursing’s numbers. Approaches that incorporate the richness and diversity of nursing while explaining the importance of hands-on nursing are much more likely to generate greater support for the nursing profession as a whole.

**These challenges** are evident in the kind of coverage that nursing receives today. Even though nursing is still perceived to be largely invisible in the media,<sup>4</sup> we observe that nursing has a much larger presence in the news than it did when we first started monitoring the news. But how is nursing visible? It is in the news largely in connection with the nursing shortage, debate about staff ratios, and patient problems. The public must know about these things. But this “problem” narrative is not balanced in the media by a “practice” narrative that would help the public understand what it is that nurses do.<sup>5</sup>

Nursing practice stories occasionally get into the news through strong efforts by a nursing organization, medical center, or editor of a nursing journal. But reporters still tell us that nurses they encounter seem terrified of talking about their work and expressing their opinions. In general, nurses don’t reach out to journalists and don’t make journalists’ work easier, or even possible, by providing necessary information and by returning telephone calls before deadlines. And this applies even to some of the nurses whose names are given to journalists as expert sources on various aspects of nursing and health care. This has also been our experience in trying to interview nurses for articles and books.

Public communication skills are important to nurses. That’s why half of this book is devoted to them. But the willingness of nurses to use these skills is even more important. Over the last decade and a half, we have come to believe that a profound ambivalence exists in nursing about whether it is even advisable to be more visible, more vocal, and to assume a larger role on the public stage.

Therefore, the first chapter, “Ending the Silence,” envisions the benefits to nurses and to health care if the public knew and understood the importance of nursing.

In Chapter 2 we take a serious look at the systematic, though often unacknowledged, conditioning that goes on within nursing to inhibit the kind of public communication that would make nursing known. We introduce our concept of a “voice of agency” that could make it possible for nurses to comfortably move from silence to voice.

Learning to be more public is an incremental process that begins in the workplace, in the home, and in the community. Even nurses who never have contact with the news media are public communicators by the way they present themselves. Therefore, Chapter 3 concentrates on self-presentation and first impressions.

In Chapter 4, “Tell the World What You Do,” we define “the world” as being those whom nurses know and work with every day as well as the mass media and general public, and the “what you know” as being the experiential knowledge of nurses. While it is critically important for nurses to commu-

nicate through the mass media, we also believe there are many other “publics” nurses must educate. The techniques a nurse uses in talking with a patient, a family member, a neighbor, or a friend about her work are vitally important, and they are transferable. A nurse who can talk comfortably about nursing with family or friends can also talk effectively on the radio or television or to a reporter. So we start the communication process by describing how to communicate with people nurses encounter in everyday life. This chapter also examines fears and internal obstacles nurses have told us they confront. Many of these inhibitions can be understood and managed by exploring their sources and by testing them in the real world.

Chapter 5 offers instruction on how to create compelling stories and anecdotes about nursing. The public needs help understanding just what nurses do and why it is consequential. The importance of nursing work can only become known when nurses tell stories that concretely illustrate how the routine activities of daily practice make a difference to patients. We offer storytelling guidelines and present makeovers of stories that nurses have told us. These makeovers transform rough drafts of nurses’ descriptions of their work into short, polished illustrations of nursing work—ready for prime time, as it were. Nurses can use these examples to create their own compelling stories to make arguments for nursing from their own experiences and practice.

Because the mass media are so powerful in shaping people’s views of reality, and because they reflect the visibility of a profession, the second half of this book concentrates on mass communication and the media. It is clear that the media have too often neglected nursing or even promoted unfortunate stereotypes of the profession. But a careful examination also reveals that when nurses have engaged in outreach and exerted pressure, the results have been promising.

In this part readers will learn how to write a news release—the basic tool for communicating with the media; how to assemble other press materials; and how to develop media strategies to achieve specific goals. We also show how nursing groups have organized special events and media campaigns to publicize their programs and further their program goals.

This part devotes a chapter to publicizing nursing research, one of the most promising ways of acquainting the public with nursing expertise in health care. But communicating the knowledge that goes into nursing is not the exclusive province of nurses who are scholars, researchers, or organizational leaders. This is why we have included a chapter on how to write letters to the editor and op-ed essays. We demonstrate the elements of these forms so that every nurse can present her or his experience, insights, innovations, and policy proposals.

The elements of communication are similar whether they are used in

print, on the Internet, or on radio and television. All communication depends on organizing messages to get across the most important points. We devote a chapter to communication techniques for radio and television because they are the most highly used media in our society.

Some nurses berate themselves because they feel they don't have good public communication skills. They assume that knowledge in this field is instinctual, when, in fact, it is learned. Most nurses went to school to learn how to take care of patients not how to speak about nursing on television.

Effective public communication depends on writing and speaking skills. These skills are learned, practiced, and constantly refined. Successful communicators in every field become effective through instruction and practice. So can nurses. But nurses don't have to be expert in every aspect of public communication. They can call on the assistance of public relations specialists, whose work we also describe in this part.

**We'd like** to explain our choice of certain language in *From Silence to Voice*. Most of the time, for expediency, we use "we" in recounting situations involving one or the other or both of us. We refer to ourselves by name when it is necessary for clarity. As journalists, we have conducted interviews with many people for this book. Whenever a quotation appears without a reference, it means that the material comes from one of our interviews with the source.

Although we talk a great deal about women's culture and its influence on nursing, our intention is not to exclude men who are nurses. Our purpose is to explore the legacy of women's socialization and gender stereotypes on nursing. Men in nursing are affected by these influences as well as women. Because the vast majority of nurses are women, the feminine pronoun is given preference.

Throughout this book, we avoid, whenever possible, the use of the word "consumer" or "customer" to describe the people nurses care for. This is a deliberate choice. The word *consumer*, as defined by the dictionary, has two meanings. One meaning is someone who consumes, spends, wastes, or destroys. The second meaning, "a person who uses goods and services to satisfy his needs," pertains to economics. The first definition is negative, and the second is an extremely narrow marketplace definition of human beings in relationship to health care. We believe it seriously miscasts the relationship between clinicians and the people who seek their care and services.

Even though we understand the term's appeal in avoiding paternalistic language, replacing the word "patient" with a market term like "consumer" (or "customer") puts clinicians on shaky ground. For the clinician, the moral injunction to do no harm can too easily be hijacked by the market ethic of caveat emptor, "Let the buyer beware." From the public communi-

cation perspective, talking about nurses in relation to consumers shifts attention from the hospital, home, clinic, or hospice to the shopping mall. It suggests that human beings can choose health the way they choose a new toaster and can, therefore, exercise control even when they are the least able to. We prefer to use the words "human being," "individual," "people," "patient," and "family."

**We are** American journalists. But we recognize that the problem of silence in nursing is an international one. In fact, this book itself is representative of an international approach to increasing the visibility of nursing. Written by American authors, this edition contains material from the United States, Canada, Australia, New Zealand, the United Kingdom, Europe, and Japan. We hope this book will further the conversation about this topic among nurses throughout the world.

Like everyone else in journalism, and much of the public, we started out knowing nothing about nursing. No doubt, without realizing it, we accepted many of the traditional stereotypes. Our views have been revolutionized. Nurses were our teachers. They have explained their work to us and expressed their insights about health and illness. We are profoundly in their debt. If we could be educated in this way, so can others.

PART I

# Silent No More



# Chapter 1

## Ending the Silence

**Envision how things** would be if the voice and visibility of nursing were commensurate with the size and importance of the nursing profession.

The typical health care journalist's address book would contain contact information for a broad spectrum of nursing sources. These sources would include not only nursing organizations, nursing schools, and unions but also names of individual nurses with various kinds of expertise. The journalist would have many names of nurse researchers, public health nurses, nurse administrators, staff nurses, nurses with clinical subspecialties, nursing scholars, home-care nurses, nurse practitioners, and hospice nurses, among others.

Journalists would routinely contact nurses when they have questions about health care topics, and, as a result, nurses would frequently appear as expert sources in news reports. Nurses would be quoted on all health topics in newspapers and magazines, on radio and television, and on health Web sites. Nurses would be regular guests on influential news and analysis programs as well as on local news and talk shows.

No longer would medical research be perceived as the only scientific endeavor leading to health improvements. Health experts, journalists, policy makers, and the public would know about nursing research and would see it as a dynamic, evolving field that expands our knowledge about health care and the human condition. In fact, public support would lead to vastly increased governmental and private funding for nursing research.

The visibility of nurses in the mass media would reflect the expanded participation of nursing in the ongoing public discussion about health care. Nurses would be key participants in all health care forums whether they occur at community centers, town meetings, state capitals, provincial legislatures, churches, schools, universities, consumers' and patients' organizations, economic conferences, national legislatures, or international assemblies.

Physicians' responses to health coverage would no longer dominate the letters-to-the-editor sections of influential newspapers and news Web sites. Nursing perspectives expressed in letters, opinion pieces, and on the Internet would expand the knowledge and point of view of journalists and the public. Articles and essays by nurses in various media would include personal and ethical reflections, anecdotal accounts of their care of the sick and vulnerable, descriptions of innovations in clinical practice, analyses of major health care issues, and recommendations addressing treatment, preventive practices, and health care system issues.

Nurses would not just sit at the tables of power where top-echelon governmental, corporate, or academic experts make policy, they would be full-fledged vocal and assertive decision makers who would talk and be listened to and respected for their knowledge.

Because nurses would educate patients and their families, friends, relatives, neighbors, and community members about nursing work, patients would be fully cognizant that nurses are key to their survival and recovery. Just as people recognize that it takes someone with education and expertise to perform brain surgery, they would know that it takes someone with education and expertise to care for a patient who has just had brain surgery.

When faced with medical treatments or procedures, patients would do more than inquire about the details of the procedures and their physician's qualifications to perform them. They would seek information about the qualifications of the nurses who would care for them during and after their treatments. They would want to know the nurse-to-patient ratio in the hospital unit to which they would be admitted. They would recognize that nurses are critical to outpatient surgery and would inquire about the availability of nursing at such centers and about the extent and type of nursing services available to them in their homes or in other community settings.

Prospective nursing home residents and their families would investigate the extent of nursing services in the facilities they are considering and the qualifications of the nursing staff. Similarly, families would be well aware of the need for and the importance of the health services provided by school nurses, public health nurses, and home-care nurses in their communities. People would understand that many nurses, like physicians, have specialized expertise. They would readily accept and often seek the services of nurse practitioners, mental health nurses, nurse midwives, nurse anesthetists, and hospice nurses.

Health care administrators and public officials would be under pressure to provide funds for the actual cost of nursing care. Hospitals could no longer afford to treat nurses as a cheap, disposable labor force or as interchangeable cogs in an industrial machine. Because the public would understand the critical role of nursing in health care, hospitals could no longer

rely on paring nursing staffs as their strategy for dealing with budget problems. Attempts to cut nursing staff, substitute aides for registered nurses (RNs), and stretch staff through floating and mandatory overtime would produce public outcry. To the public, floating a nurse from, for example, an oncology to a pediatric unit would be in the same league as asking a medical oncologist to take over for a pediatrician.

Nursing salaries would more accurately reflect the expertise and responsibilities of nurses. This greater investment in nursing would mean that full-time jobs, with predictable schedules, would be readily available.

A more complex and accurate image of the nurse would replace dated or distorted stereotypes such as physician handmaid, self-sacrificing angel of mercy, lewd sex object, and vituperative harridan.

Everyone would know that nursing requires education and training, not just niceness. It would be common knowledge that nurses are educated not born. This understanding would translate into widespread public support for nursing education at the undergraduate, graduate, and postgraduate levels. Nursing education would be fully integrated into higher education systems. Schools of nursing would be viewed as major contributors to the academic enterprise at universities. Politicians and academic administrators who tried to eliminate nursing programs or create courses of instruction designed to replace nurses with some form of generic health care worker would be roundly opposed.

The public would understand that medical interns and residents are not the only learners, and physicians are not the only teachers, in teaching hospitals and other health care institutions. It would be generally known that hospitals are educational institutions for nurses and that, in them, nurses teach physicians as well as nurses-in-training. Institutional budgets would reflect this fact by allocating money for in-house nursing education. It would be accepted that veteran nurses, like physicians, need to keep up with the latest treatments as well as with methods of disease prevention and health promotion. Health care facilities would be amply staffed so that RNs could participate in the planning and management of services during their workdays and could take time away from the job for continuing education. Budgets would include resources for clinical education and extramural educational programs.

Respect for nursing would mean that young women and men who show an interest in nursing careers would be strongly encouraged, not grilled about why they aren't planning to go to medical school. With the challenges and rewards of nursing more fully appreciated, many intelligent women, with a full range of professional options, would choose nursing. Nursing would be an increasingly attractive career choice for men. Just as female enrollment in medical schools steadily increased after it became more accept-